FOR INSTRUCTIONS, SEE BACK OF FORM

CAMPAIGN DISCLOSURE BD

File with: lows Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

DISCLOSURE SUMMARY PAGE

Parties must be filed electronically.

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all JAN 19 AM 7: 07 statements and reports filed by all committees for state office must be filed electronically.

Effective Mey 1, 2010, all statements and reports for State PACs and State

		7 .	
COMMITTEE NAME (Must be same as on Statement of	Organization)	FORM	
Forbes to Urbmidals	ity Course	DR-2	DISCLOSURE
IMPORTANT: Indicate by # type of committee you are reporting (1) Statewide/Legislative/Judge Standing for Retention Candida		(Rev. 12/20	09) REPORT
		For Office Us	se Orliv
(4) County Central Committee (5) Pounty Canadase (5) Ally Subdivision Candidate (6) County PAC (9) City PAC (10) Sc 11) Local Ballot Issue	MOOI BOSIG OF OWNEY POINCES FOR THE STATE OF		
CANDIDATE COMMITTEES ONLY:	The state of the s		
O-vildate Marine	Political Party (if applicable)	Scanned	•
John Fones	District (if Senate or House)	1 1	
Office Sought Urbmant Cety Coucil	District (if Senate or House)		
Late reports are subject to possible civil and criminal penaltie candidate's committee, and the chairperson, for any other type	Pursuant to Journ Code sections 689 324/	') and 68A.401(3), t for filing timely and t	ne candidate, for a accurate reports.
candidate's committee, and the chairperson, for any other typ	CEIL 778-7689		•
	- •		-Zo/v
SIGNATURE OF PERSON FILING REPORT	575-276-7689	DA	TE SIGNED
SIGNATURE OF PERSON FILING REPORT			
THE ELING A 10-29-2009	REPORT FOR (1) ELECTION /	(2)NON-ELECTIO	N YEAR.
TAM FILING A (report date)	indicate by #		
ECHECK IF AMENDMENT TO REPORT DATED		.ocal Committees, er	ter Date of Election
ECHECK IF AMENDMENT TO REPORT DATED		Nov. 3	2009
Check if this is final (termination) report and attach No.	otice of Dissolution Form DR-3.		
(You must continue to file reports until a DR-3 i	is filed.)	County & Local Come which Election is held	YOK
STATEMENT OF CASH ON H	HAND		
CASH ON HAND at the beginning of the reporting period	d. (Total of all funds held by the		
CASH ON HAND at the beginning of the reporting period	d. (Total of all funds held by the	s	-0-
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SCHEDULE

5152767482 MEDICAP PHARMACY URBANDAL

For Instructions,	See	Back	of	Form
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or Instructions, See Baci	Ot LOLLI	A	MONETARY
CONTRIBUTIONS MONE	Y TAKEN IN	(Rev. 07/03)	RECEIPTS
(Including candidate's per	ebnal funds)	 CHE	CK THIS BOX IF
COMMITTEE NAME (Must be	Isame as on Statement of Organization)	ON L	
TONBES LOCAL	CONTRACTOR SERVICE	 	TATIES ATION

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	VIFFOR FUND- RAISER INCOME
10/20/09	NUMBER ID# CK#	HICHTHESSE Urbandals		\$ 250	
1420/09	ID#	HICUSHUSSE Urbandalis 4420664 St 50322 Lew Clarkson Johnston, da 5668 NN 865 50131 Daryl Honze Urbandalis		200 =	
920/09	ID# CK#	Daryl Honze Urbandalis 4325 7555 St S0322		2500	
10/20/09	ID# CK#	Tom GAYMAN Whendry 4424-704-91 50322		50 %	
	ID# CK#				
	ID# CK#				
	ID#		÷		
	ID#				
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		TOTAL Witand and	SUB-TOTAL se of this schedule,	s.360 a	

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

2 of (for Schedule A)

For instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Pubes to Urbnock Cety Cowal

	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
7	L CHE AME	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE"	AMOUNT RECEIVED	V IF FOR
RECEIVED MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		(if applicable)		RAISER
	ID#	BEAN GILLASPY Urbonculs, MY		\$	
127/09	CK#	4706 774 50322		\$ 25.00	
27/09	ID#	Gloma Endorson Unboudaks		2000	
1214 07	CK#	7408 Redsount Dr. 0322		20-	
1 ,	1D#	GENAND NEUGENT DESMONS		~ 00	
421/09	CK#	CERAND NENGENT DESMONAS 240 PARK MU 50321		50 =	
1-1	ID#	Pot McLaughles Womando	No.	2 500	
विया (ज	CK#	8007 Supridan Dr. 0322		2500	
0/22/09	ID#	TERRY Rapp Whomdalg		2000	
विरा १९	CK#	8216 Hyunortha 12 80372		23	
11	ID#	Clark Colon Upmoble		1. 0	
921/09	ск#	12804 Comdendan susses		100	<u> </u>
	ID#				
	ск#				
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	CK#				
	ID#				
	CK#				
	1D#				
	CK#				
			SUB-TOTAL	s 245°	4
		TOTAL (if last pag	e of this schedule	s 545°	3

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of contanguinity (blood relatives) and effinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page Z of Z (for Schedule A)